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,	orrespondence after initial fil	Examiner Name  Attorney Docket Number	Abel Jalil, Neveen FUSN1-01003US0
ENCLOSURES (Check all that apply)			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Brian - Marcus, Esq., Vierra Magen Marcus Harmon & DeNiro LLP  Signature			
Printed name Br	ian I. Marcus	) 6 R	eg. No. 34,511
CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature  Brian I. Marcus  Date  Date			
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

Name (Print/Type) Brian f. Marcus

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE a Joder the R Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/753.537 **Application Number** TRANSMIT Filing Date January 2, 2001 For FY 2005 First Named Inventor Multer **Examiner Name** Abel Jalil, Neveen Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2165 **TOTAL AMOUNT OF PAYMENT** 760.00 Attorney Docket No. FUSN1-01003US0 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Vierra Magen Marcus ✓ Deposit Account Deposit Account Number: 501826 Harmon & DeNiro I I P Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 500 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 Reissue 300 500 600 150 250 200 Provisional 100 0 0 2. EXCESS CLAIM FEES **Smail Entity** Fee (\$) Fee (\$) **Fee Description** 50 Each claim over 20 (including Reissues) 25 200 100 Each independent claim over 3 (including Reissues) 360 Multiple dependent claims 180 **Totai Claims** Multiple Dependent Claims Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = Fee Paid (\$) 50 Fee (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP = 200 HP = highest number of independent claims paid for, if greater than 3 **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** (round up to a whole number) x / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 3 mo. ext. of time; notice of appeal 760 SUBMITTED BY Registration No. 34,511 Telephone 415-369-9660 Signature (Attorney/Agent) Date

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